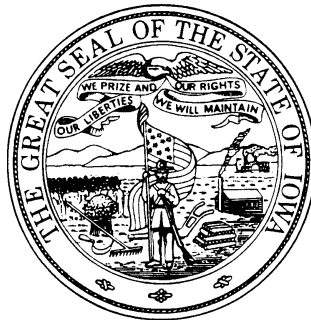


IOWA COURT RULES

FIFTH EDITION

June 2012 Supplement



Published under the authority of Iowa Code section 2B.5(2).

STEPHANIE A. HOFF
ADMINISTRATIVE CODE EDITOR

PREFACE

The Fifth Edition of the Iowa Court Rules was published in July 2009 pursuant to Iowa Code section 2B.5(2). Subsequent updates to the Iowa Court Rules, as ordered by the Supreme Court, are published in electronic format only and include chapters that have been amended or adopted.

The Iowa Court Rules and related court documents are available on the Internet at <http://www.legis.state.ia.us/aspx/CourtRules/pubDateListing.aspx>.

To receive e-mail notification of the publication of a Supplement to the Iowa Court Rules, subscribe at <http://www.legis.state.ia.us/maillist/PublicationLists.html>.

Inquiries: Inquiries regarding access to the Iowa Court Rules should be directed to the Legislative Services Agency's Computer Services Division Help Desk at (515)281-6506.

Citation: The rules shall be cited as follows:

Chapter 1	Iowa R. Civ. P.
Chapter 2	Iowa R. Crim. P.
Chapter 5	Iowa R. Evid.
Chapter 6	Iowa R. App. P.
Chapter 32	Iowa R. of Prof'l Conduct
Chapter 51	Iowa Code of Judicial Conduct

All other rules shall be cited as "Iowa Ct. R."

Supplements: Supplements to the Fifth Edition of the Iowa Court Rules have been issued as follows:

August 2009	December 2010
September 2009	February 2011
October 2009	January 2012
November 2009	May 2012
December 2009	
January 2010	
February 2010	
March 2010	
May 2010	
June 2010	
August 2010	
September 2010	

June 2012 Supplement

Changes in this supplement

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INSTRUCTIONS FOR UPDATING THE IOWA COURT RULES

Replace Chapter 3

CHAPTER 3

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CHAPTER 3
STANDARD FORMS OF PLEADINGS FOR SMALL CLAIMS ACTIONS
 [Pursuant to Iowa Code section 631.15]

Form 3.1: Original Notice and Petition for a Money Judgment.

In the Iowa District Court for _____ County	
Plaintiff(s) _____ (Name) _____ (Address) _____ (Name) _____ (Address) <div style="text-align: center;">vs.</div> Defendant(s) _____ (Name) _____ (Address) _____ (Name) _____ (Address)	<div style="text-align: center; font-weight: bold; margin-bottom: 20px;">Original Notice and Petition for a Money Judgment</div> Small Claim No. _____ If you need assistance to participate in court due to a disability, call the disability coordinator at _____. Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). Disability coordinators cannot provide legal advice.
To Defendant(s): 1. You are notified that Plaintiff(s) demand(s) from you the amount of \$ _____ plus court costs based on (state briefly the basis for the demand, not to exceed \$5000): _____ _____ _____ _____ 2. Judgment may be entered against you unless you file an Appearance and Answer within 20 days of the service of the Original Notice upon you. Judgment may include the amount requested plus interest and court costs. You must file an Appearance and Answer with the clerk of the district court in the above county, located at: _____ 3. If your Appearance and Answer is filed within 20 days and you deny the claim, the clerk will notify you of the time and place for the hearing on this matter. 4. If you file an Appearance and Answer, you must mail a copy of the form to Plaintiff(s) or to the attorney for Plaintiff(s) whose name and address appear below. 5. You must also notify the clerk's office of any address change.	
Plaintiff's signature _____ Printed name _____ Mailing address _____ _____ Phone # _____ Email address _____	Plaintiff's signature _____ Printed name _____ Mailing address _____ _____ Phone # _____ Email address _____

[Court Order December 11, 1975, received for publication February 28, 1984; June 29, 1984; Letter May 12, 1987 (obsolete reference to "town" stricken); November 9, 2001, effective February 15, 2002; May 7, 2012]

Form 3.2: Original Notice and Petition for a Money Judgment for Taxes Owning.

In the Iowa District Court for _____ County	
Plaintiff _____ (Name) _____ (Address) <div style="text-align: center; padding: 5px;">vs.</div> Defendant(s) _____ (Name) _____ (Address) _____ (Name) _____ (Address)	Original Notice and Petition for a Money Judgment for Taxes Owning (Iowa Code sections 631.1(7) and 445.3) Small Claim No. _____ <small>If you need assistance to participate in court due to a disability, call the disability coordinator at _____. Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). Disability coordinators cannot provide legal advice.</small>

To Defendant(s):

1. **You are notified** that Plaintiff, _____ County Treasurer, demands from you the amount of \$ _____ for taxes due and owing based on the following: _____

2. **Judgment may be entered against you unless** you file an Appearance and Answer within **20 days** of the service of the Original Notice upon you. Judgment may include the amount requested plus interest and court costs. You must file the Appearance and Answer with the clerk of the district court in the above county, located at _____

3. If your Appearance and Answer is filed within **20 days**, and you deny the claim, the clerk will notify you of the place and time of the hearing on this matter.

4. If you file an Appearance and Answer you must mail a copy of the form to Plaintiff.

5. You must also notify the clerk's office of any address change.

Signature of Plaintiff Treasurer/Designee

Printed name

Mailing address

Phone #

Email address

[Court Order May 7, 2012]

Form 3.3: Original Notice and Petition for Money Judgment against a Nonresident Motor Vehicle Owner or Operator Defendant.

In the Iowa District Court for _____ County	
Plaintiff(s) _____ (Name) _____ (Address) _____ (Name) _____ (Address) _____ vs. Defendant(s) _____ (Name) _____ (Address) _____ (Name) _____ (Address)	<p style="text-align: center;">Original Notice and Petition for a Money Judgment against a Nonresident Motor Vehicle Owner or Operator Defendant</p> <p>Small Claim No. _____</p> <p><small>If you need assistance to participate in court due to a disability, call the disability coordinator at _____. Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). Disability coordinators cannot provide legal advice.</small></p>

To Defendant(s):

1. **You are notified** that Plaintiff(s) demand(s) from you the amount of \$ _____ plus court costs based on (state briefly the basis for the demand, not to exceed \$5000):

2. **Judgment may be entered against you unless** you file an Appearance and Answer within **60 days** of the filing of this Original Notice with the Director of the Iowa Department of Transportation. Judgment may include the amount requested plus interest and court costs. You must file the Appearance and Answer with the clerk of the district court in the above county, located at _____.

3. If your Appearance and Answer is filed within **60 days** and you deny the claim, the clerk will notify you of the time and place for the hearing on this matter.

4. If you file the Appearance and Answer form, you must mail a copy of the form to Plaintiff(s).

5. You must also notify the clerk's office of any address change.

Plaintiff's signature

Printed name

Mailing address

Phone #

Email address

Plaintiff's signature

Printed name

Mailing address

Phone #

Email address

[Report September 29, 1987, effective December 1, 1987; November 9, 2001, effective February 15, 2002; May 7, 2012]

Form 3.4: Original Notice and Petition for a Money Judgment against a Nonresident Defendant or a Foreign Corporation Defendant.

In the Iowa District Court for _____ County	
Plaintiff(s) _____ (Name) _____ (Address) _____ (Name) _____ (Address) vs. Defendant(s) _____ (Name) _____ (Address) _____ (Name) _____ (Address)	Original Notice and Petition for a Money Judgment against a Nonresident Defendant or a Foreign Corporation Defendant Small Claim No. _____ <small>If you need assistance to participate in court due to a disability, call the disability coordinator at _____. Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). Disability coordinators cannot provide legal advice.</small>

To Defendant(s):

1. **You are notified** that Plaintiff(s) demand(s) from you the amount of \$ _____ plus court costs based on (state briefly the basis for the demand, not to exceed \$5000):

2. **Judgment may be entered against you unless** you file an Appearance and Answer as follows:

- If you received service of this Original Notice **by mail** along with service upon the Secretary of State, you must file your Appearance and Answer within **60 days of the filing** of the Original Notice with the Secretary of State.
- If you received service of this Original Notice in a manner **other than by mail**, you must file your Appearance and Answer within **60 days after the date you received** the Original Notice.

You must file the Appearance and Answer with the clerk of the district court in the above county, located at _____.

3. If your Appearance and Answer is timely filed and you deny the claim, the clerk will notify you of the time and place for the hearing on this matter.

4. If you file the Appearance and Answer form, you must mail a copy of the form to Plaintiff(s).

5. You must also notify the clerk's office of any address change.

Plaintiff's signature

Printed name

Mailing address

Phone #

Email address

Plaintiff's signature

Printed name

Mailing address

Phone #

Email address

[Report September 29, 1987, effective December 1, 1987; November 9, 2001, effective February 15, 2002; May 7, 2012]

Form 3.5: Original Notice and Petition for Replevin.

In the Iowa District Court for _____ County	
Plaintiff(s) _____ (Name) _____ (Address) _____ (Name) _____ (Address) <div style="text-align: center; padding: 5px;">vs.</div> Defendant(s) _____ (Name) _____ (Address) _____ (Name) _____ (Address)	<div style="text-align: center; font-weight: bold; padding: 10px 0;"> Original Notice and Petition for Replevin (Iowa Code chapter 643) </div> Small Claim No. _____ <div style="font-size: small; padding-top: 20px;"> If you need assistance to participate in court due to a disability, call the disability coordinator at _____. Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). Disability coordinators cannot provide legal advice. </div>

To Defendant(s):

1. **You are notified** that Plaintiff(s) demand(s) relief (not to exceed \$5000 in total) from you in regard to the following described property:

2. The value of the property described is (value may not exceed \$5,000): \$ _____

3. The relief requested includes (check all that apply):

- ☐ Plaintiff(s) ask for possession of the property.
- ☐ Plaintiff(s) ask for damages for unlawful retention.
- ☐ Plaintiff(s) ask for damages for any damage to the property.
- ☐ Plaintiff(s) ask for damages for: _____

(If asking for money damages, total amount including value of property cannot exceed \$5,000.)

4. Plaintiff(s) claim immediate possession because (check only one):

- ☐ Plaintiff(s) own the property.
- ☐ Plaintiff(s) has(have) a security agreement for the property.
- i. A copy of the security agreement is attached.
- ii. The agreement shows that Plaintiff(s) is(are) entitled to seize possession on default.
- iii. Defendant(s) are in default because: _____

☐ Other: _____

Original Notice and Petition for Replevin (*cont'd*)

5. The property (check only one):

- ☐ Is not in the possession of Defendant(s) pursuant to court order or judgment; or
☐ Was taken by Defendant(s) under court order or judgment, but the property is exempt from seizure because: _____.

6. **Judgment may be entered against you unless** you file an Appearance and Answer within **20 days** of the service of the Original Notice upon you. Judgment may include the amount requested plus interest and court costs. You must file the Appearance and Answer with the clerk of the district court in the above county, located at _____.

7. If your Appearance and Answer is filed within **20 days** and you deny the claim, the clerk will notify you of the time and place for the hearing on this matter.

8. If you file the Appearance and Answer, you must mail a copy of the form to Plaintiff(s).

9. You must also notify the clerk's office of any address change.

I (We) certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding is true and correct.

Date: _____

Date: _____

Plaintiff's signature

Plaintiff's signature

Printed name

Printed name

Mailing address

Mailing address

Phone #

Phone #

Email address

Email address

[Report March 10, 1987, effective July 1, 1987; Court Order November 25, 1998; November 9, 2001, effective February 15, 2002; June 14, 2002, effective July 1, 2002; May 7, 2012]

Form 3.6: *Original Notice and Petition for Forcible Entry and Detainer.*

In the Iowa District Court for	County
Plaintiff(s) <hr/> (Name) <hr/> (Address) <hr/> (Name) <hr/> (Address)	Original Notice and Petition for Forcible Entry and Detainer (Iowa Code chapter 648)
Defendant(s) <hr/> (Name) <hr/> (Address) <hr/> (Name) <hr/> (Address)	Small Claim No. _____

To Defendant(s):

1. **You are notified** that Plaintiff(s) demand(s) from you possession of (state exact address of real property): _____
because (state basis of demand): _____

2. **Hearing is set for:** _____ o'clock _____ m. on the _____ day of _____, 20_____,
at the _____ County Courthouse, in _____, Iowa, located at

_____ (street address of courthouse). The court will
electronically record the hearing. If either party desires that a certified court reporter report the hearing,
that party must arrange and pay for the costs of reporting. **Failure to appear at the hearing may result
in judgment entered against you for possession of the property and court costs.**

Plaintiff(s): The court shall set the date of hearing to occur within **8 days** from the filing date of the Original Notice unless you check the box below:

☐ Plaintiff(s) request(s) or consent(s) to the court setting the date of hearing to occur no later than **15 days** from the filing of the Original Notice.

Plaintiff's signature

Printed name _____

Mailing address

Phone # _____

Email address _____

Plaintiff's signature

Printed name _____

Mailing address

Phone # _____

Email address

[Court Order December 11, 1975, received for publication February 28, 1984; Letter May 12, 1987 (obsolete reference to “town” stricken); November 9, 2001, effective February 15, 2002; May 7, 2012]

Form 3.7: Original Notice and Petition against Third Party Defendant(s).

In the Iowa District Court for _____ County	
Plaintiff(s) _____ (Name) _____ (Address) _____ (Name) _____ (Address) vs. Defendant(s)/Third Party Plaintiff(s) _____ (Name) _____ (Address) _____ (Name) _____ (Address) vs. Third Party Defendant(s) _____ (Name) _____ (Address)	<div style="text-align: center; font-weight: bold; margin-bottom: 10px;">Original Notice and Petition against Third Party Defendant(s)</div> Small Claim No. _____ If you need assistance to participate in court due to a disability, call the disability coordinator at _____. Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). Disability coordinators cannot provide legal advice.
To Third Party Defendant(s), _____: <div style="text-align: center; font-size: small;">(Name(s) of Third Party Defendant(s))</div>	
1. You are notified that , _____, as Third Party Plaintiff(s), demand(s) from you the amount of \$ _____ because (state briefly the basis for demand, not to exceed \$5000): _____ _____ _____	
2. Judgment may be entered against you unless you file an Appearance and Answer within 20 days of the service of the Original Notice upon you. Judgment may include the amount requested plus interest and court costs. You must file the Appearance and Answer with the clerk of the district court in the above county, located at _____	
3. If your Appearance and Answer is filed within 20 days and you deny this Third Party Petition, the clerk will notify you of the time and place for the hearing on this matter.	
4. If you file the Appearance and Answer form, you must mail a copy of the form to all parties.	
5. You must also notify the clerk's office of any address change.	
Third Party Plaintiff's signature _____ Printed name _____ Mailing address _____ _____ Phone # _____ Email address _____	Third Party Plaintiff's signature _____ Printed name _____ Mailing address _____ _____ Phone # _____ Email address _____

[Court Order December 11, 1975, received for publication February 28, 1984; June 29, 1984; Letter May 12, 1987 (obsolete reference to "town" stricken); November 9, 2001, effective February 15, 2002; May 7, 2012]

Form 3.8: Original Notice and Petition for Disposition of Abandoned Property.

In the Iowa District Court for	County
<p>Plaintiff(s)</p> <p>_____ (Name)</p> <p>_____ (Address)</p> <p>_____ (Name)</p> <p>_____ (Address)</p> <p style="text-align: center;">vs.</p> <p>Defendant(s)</p> <p>_____ (Name)</p> <p>_____ (Address)</p> <p>_____ (Name)</p> <p>_____ (Address)</p>	<p style="text-align: center;">Original Notice and Petition for Disposition of Abandoned Property (Iowa Code chapter 555B) (Mobile Home and Personal Property in the Vicinity)</p> <p>Small Claim No. _____</p> <p style="font-size: small;">If you need assistance to participate in court due to a disability, call the disability coordinator at _____. Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). Disability coordinators cannot provide legal advice.</p>
<p>To Defendant(s):</p> <p>1. Plaintiff(s) demand(s) a judgment of abandonment for (state the exact nature of abandoned property): _____</p> <p>because (state basis of demand): _____</p> <p>2. In support of this demand Plaintiff(s) state(s):</p> <ul style="list-style-type: none"> • Plaintiff(s) has (have) not requested notice by the sheriff as provided for in Iowa Code section 555B.2; • The property is located in the above county; and • There is no lien against the property other than a tax lien pursuant to Iowa Code chapter 435. <p>3. Hearing is set for: _____ o'clock _____m. on the _____ day of _____, 20____, at the _____ County Courthouse, in _____, Iowa, located at _____ (street address of courthouse). The court will electronically record the hearing. Any party desiring that a certified court reporter report the hearing must arrange and pay for the costs of reporting. Failure to appear at the hearing may result in judgment entered against you for statutory damages, interest, and court costs, and the property will be disposed of as abandoned property.</p> <p>Note: Service must be made on the owner of the property at least 10 days before the hearing and the hearing must be set within 14 days of filing the Petition.</p>	
<p>_____ Plaintiff's signature</p> <p>_____ Printed name</p> <p>_____ Mailing address</p> <p>_____ Phone #</p> <p>_____ Email address</p>	<p>_____ Plaintiff's signature</p> <p>_____ Printed name</p> <p>_____ Mailing address</p> <p>_____ Phone #</p> <p>_____ Email address</p>

[Court Order May 7, 2012]

Form 3.9: Original Notice and Petition for Intervention.

In the Iowa District Court for _____ County	
Plaintiff(s) _____ (Name) _____ (Address) _____ (Name) _____ (Address) <div style="text-align: center;">vs.</div> Defendant(s) _____ (Name) _____ (Address) _____ (Name) _____ (Address)	<div style="text-align: center; font-weight: bold; padding-bottom: 10px;">Original Notice and Petition for Intervention</div> Small Claim No. _____ If you need assistance to participate in court due to a disability, call the disability coordinator at _____. Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). Disability coordinators cannot provide legal advice.
To Plaintiff(s) and Defendant(s): 1. I (We), _____, being interested in the subject matter of this case seek to intervene in the following manner: _____ _____ _____ _____ 2. This Petition for Intervention is based on (state briefly the basis for the demand): _____ _____ _____ _____	
Intervenor's signature _____ Printed name _____ Mailing address _____ _____ Phone # _____ Email address _____	Intervenor's signature _____ Printed name _____ Mailing address _____ _____ Phone # _____ Email address _____

[Court Order December 11, 1975, received for publication February 28, 1984; November 9, 2001, effective February 15, 2002; May 7, 2012]

Form 3.10 Reserved.**Form 3.11:** *Appearance and Answer of Defendant(s).*

In the Iowa District Court for _____ County	
Plaintiff(s) _____ (Name) _____ (Name) <div style="text-align: center; margin: 10px 0;">vs.</div> Defendant(s) _____ (Name) _____ (Name)	<div style="text-align: center; font-weight: bold; margin-bottom: 10px;">Appearance and Answer of Defendant(s)</div> Small Claim No. _____ <small>If you need assistance to participate in court due to a disability, call the disability coordinator at _____. Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). Disability coordinators cannot provide legal advice.</small>

Check **only one** of the following:

- ☐ The **claim is denied**. The clerk of court will notify the parties of the hearing time and place.
- ☐ The **claim is admitted**. Judgment may be entered.
- ☐ The **claim is admitted in part in the amount of \$ _____**. The clerk of court will notify the parties of the hearing time and place.

Note: You must file this original Appearance and Answer with the clerk of court and mail a copy to Plaintiff(s) or the attorney for Plaintiff(s) whose name and address appear on the Original Notice and Petition.

Defendant's signature

Printed name

Mailing address

Phone #

Email address

Defendant's signature

Printed name

Mailing address

Phone #

Email address

[Court Order December 11, 1975, received for publication February 28, 1984; November 9, 2001, effective February 15, 2002; May 7, 2012]

Form 3.12: Appearance and Answer of Third Party Defendant(s).

In the Iowa District Court for	County
Plaintiff(s) _____ (Name) _____ (Name) <div style="text-align: center; margin: 10px 0;">vs.</div> Defendant(s)/Third Party Plaintiff(s) _____ (Name) _____ (Name) <div style="text-align: center; margin: 10px 0;">vs.</div> Third Party Defendant(s) _____ (Name) _____ (Address) _____ (Name) _____ (Address)	<div style="text-align: center; font-weight: bold; margin-bottom: 10px;">Appearance and Answer of Third Party Defendant(s)</div> Small Claim No. _____ <div style="font-size: small;"> If you need assistance to participate in court due to a disability, call the disability coordinator at _____. Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). Disability coordinators cannot provide legal advice. </div>

Check **only one** of the following:

- ☐ The **claim is denied**. The clerk of court will notify the parties of the hearing time and place.
- ☐ The **claim is admitted**. Judgment may be entered.
- ☐ The **claim is admitted in part in the amount** of \$ _____. The clerk of court will notify the parties of the hearing time and place.

Note: You must file this original Appearance and Answer with the clerk of court and mail a copy to all parties or their attorneys.

Third Party Defendant's signature

Printed name

Mailing address

Phone #

Email address

Third Party Defendant's signature

Printed name

Mailing address

Phone #

Email address

[Court Order December 11, 1975, received for publication February 28, 1984; November 9, 2001, effective February 15, 2002; May 7, 2012]

Form 3.13: Counterclaim against Plaintiff(s).

In the Iowa District Court for _____	County _____
Plaintiff(s) _____ (Name) _____ (Name) <div style="text-align: center;">vs.</div> Defendant(s) _____ (Name) _____ (Name)	<div style="text-align: center;">Counterclaim against Plaintiff(s)</div> Small Claim No. _____ If you need assistance to participate in court due to a disability, call the disability coordinator at _____. Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). Disability coordinators cannot provide legal advice.

To Plaintiff(s), _____:
 (List name(s) of Plaintiff(s) against whom you are counterclaiming.)

1. You are notified that Defendant(s) identified below demand(s) from you the amount of \$ _____, because (state briefly the basis for the demand, not to exceed \$5000):

2. Defendant(s) must file this original Counterclaim with the clerk of court, and the clerk will provide a copy to the other party(ies) or the attorney(s) of the other party(ies), if any.

 Defendant's signature

 Printed name

 Mailing address

 Phone #

 Email address

 Defendant's signature

 Printed name

 Mailing address

 Phone #

 Email address

[Court Order December 11, 1975, received for publication February 28, 1984; November 9, 2001, effective February 15, 2002; May 7, 2012]

Form 3.14: Cross-Claim against a Co-Defendant.

In the Iowa District Court for _____ County	
Plaintiff(s) _____ (Name) _____ (Name) vs. Defendant(s) _____ (Name) _____ (Name)	Cross-Claim against a Co-Defendant Small Claim No. _____ If you need assistance to participate in court due to a disability, call the disability coordinator at _____. Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). Disability coordinators cannot provide legal advice.

You are notified that the party(ies) identified below demand(s) from _____

(List name(s) of party(ies) against whom the demand is made.)

the amount of \$_____ because (state briefly the basis for the demand, not to exceed \$5000):

Note: Cross-Claimant(s) must file this original Cross-Claim with the clerk of court, and the clerk will provide a copy to the other party(ies) or the attorney(s) of the other party(ies), if any.

Cross-Claimant's signature

Cross-Claimant's signature

Printed name

Printed name

Mailing address

Mailing address

Phone #

Phone #

Email address

Email address

[Court Order December 11, 1975, received for publication February 28, 1984; November 9, 2001, effective February 15, 2002; May 7, 2012]

Form 3.15 Reserved.**Form 3.16: *Affidavit of Default.***

In the Iowa District Court for _____ County	
Plaintiff(s) _____ (Name) _____ (Address) _____ (Name) _____ (Address) <div style="text-align: center; padding: 5px;">vs.</div> Defendant(s) _____ (Name) _____ (Address) _____ (Name) _____ (Address)	<div style="text-align: center; font-weight: bold; padding: 10px 0;"> Affidavit of Default (Failure to Comply with Payment Plan) </div> Small Claim No. _____

1. The court entered judgment on the _____ day of _____, 20____, in the amount of \$ _____ plus court costs in the amount of \$ _____.

2. The court further ordered that the judgment debtor(s) could satisfy the judgment by an installment payment plan of \$ _____ per _____ beginning on the _____ day of _____, 20____.

3. The judgment debtor(s) has (have) failed to make installment payments as ordered.

I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding is true and correct.

Date: _____

Judgment creditor's signature

Printed name

Mailing address

Phone #

Email address

[Court Order May 7, 2012]

Form 3.17: Application to Condemn Funds.

In the Iowa District Court for	County
Plaintiff(s) _____ (Name) _____ (Name) <div style="text-align: center;">vs.</div> Defendant(s) _____ (Name) _____ (Name)	<div style="text-align: center;">Application to Condemn Funds</div> Small Claim No. _____

The undersigned states as follows:

1. An Execution was issued based on the judgment entered in this case.
2. A Garnishment was served and the garnishee has either answered that after allowing all exemptions money is owed to Defendant(s) named above, or turned over the funds pursuant to Iowa Code sections 642.10 and 642.13.
3. The Notice of Garnishment required by Iowa Code section 642.14 was served on Defendant(s) named above.
4. A copy of that Notice with proof of service on Defendant(s) is on file.
5. More than **10 days** have passed since the Notice of Garnishment was served.
6. No motion, Answer, Affidavit of Exemption, or other pleading has been filed to contest the Garnishment.

Based on the foregoing, Plaintiff(s) request(s) the court issue an order condemning the garnished funds.

Plaintiff's signature

Printed name

Mailing address

Phone #

Email address

Plaintiff's signature

Printed name

Mailing address

Phone #

Email address

[Court Order May 7, 2012]

Form 3.18: *Dismissal.*

In the Iowa District Court for _____ County	
Plaintiff(s) <hr/> (Name) <hr/> (Name) <hr/> Defendant(s) <hr/> (Name) <hr/> (Name)	Dismissal Small Claim No. _____

By this filing, I (we) dismiss our claim(s) (check **only one** of the following):

- ☐ **With prejudice** (I (we) cannot refile the claim(s)).
- ☐ **Without prejudice** (I (we) may refile the claim(s)).

Plaintiff's signature

Printed name

Mailing address

Phone #

Email address

Plaintiff's signature

Printed name

Mailing address

Phone #

Email address

[Court Order May 7, 2012]

Form 3.19: Notice of Garnishment.

In the Iowa District Court for _____ County _____	
Plaintiff(s) _____ (Name) _____ (Name) vs. Defendant(s) _____ (Name) _____ (Name)	<div style="text-align: center;">Notice of Garnishment</div> Small Claim No. _____ <div style="font-size: small;"> If you need assistance to participate in court due to a disability, call the disability coordinator at _____. Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). Disability coordinators cannot provide legal advice. </div>

1. **You are notified** that a Garnishment was issued based on a judgment against you and the Garnishment was served on _____, who has admitted to be in possession of your property or is indebted to you.

2. **You are further notified** that to contest the Garnishment you must file a Motion to Quash, Answer, Affidavit of Exemption, or other appropriate pleading within **10 days** from the date this Notice was served on you. Your motion, Answer, or pleading must explain why you think these funds are exempt from execution under state or federal law. Some examples of exempt funds may include social security benefits, public assistance, county assistance, veteran's benefits, and unemployment compensation. These are examples only and not intended as a complete list. If you do not contest the Garnishment, a court order will be entered condemning the funds and the funds will be applied against the judgment.

3. Any Motion to Quash, Answer, Affidavit of Exemption, or other pleading that you file to contest the Garnishment must be filed in the office of the Clerk of the District Court located at _____. If you file to contest the Garnishment, the court may set a prompt hearing, in which case you will be notified of the hearing. If the court sets a hearing, you should be ready to explain to the judge why you believe your property is exempt from the Garnishment.

4. Iowa Code section 642.14 requires that you be told the exact language of Iowa Code section 630.3A. That section reads:

At any time after the rendition of judgment the court, upon application of the judgment creditor or the judgment debtor and upon notice to the adverse party as the court shall direct, shall conduct a hearing to determine the reasonably expected annual earnings of the judgment debtor for the current calendar year and the applicable limitation upon garnishment as provide in Section 642.21. The court shall also consider in the interest of justice whether a greater amount than provided in Section 642.21 shall be exempt from garnishment. In making the determination, the court shall consider the age, number and circumstances of the dependents of the debtor, existing federal poverty level guidelines, the debtor's maintenance and support needs, the debtor's other financial obligations, and any other relevant information. An order reducing the garnishment may be modified or vacated upon the application of a party to the court, notice to the adverse party, and a showing at a hearing of changed circumstances. An additional filing fee shall not be assessed for proceedings under this section.

You may wish to consult a lawyer for advice as to the meaning of this notice.

Judgment Creditor's signature _____	Judgment Creditor's signature _____
Printed name _____	Printed name _____
Mailing address _____	Mailing address _____
Phone # _____	Phone # _____
Email address _____	Email address _____

[Court Order May 7, 2012]

Form 3.20: Motion to Quash Garnishment and Request for Hearing.

In the Iowa District Court for _____ County	
Plaintiff(s) _____ (Name) _____ (Name) vs. Defendant(s) _____ (Name) _____ (Name)	Motion to Quash Garnishment and Request for Hearing Small Claims No. _____

1. This Garnishment represents a hardship because: _____

2. The funds are exempt because: _____

3. I (we) request a hearing on this Motion to Quash Garnishment.

Note: Defendant(s) must file this original Motion to Quash with the clerk of court, and the clerk will provide a copy to the other party(ies) or the attorney(s) of the other party(ies), if any.

Defendant's signature

Printed name

Mailing address

Phone #

Email address

Defendant's signature

Printed name

Mailing address

Phone #

Email address

Form 3.21: Affidavit of Property Exempt from Execution.

In the Iowa District Court for _____	County _____
Plaintiff(s) _____ (Name) _____ (Name) vs. Defendant(s) _____ (Name) _____ (Name)	<div style="text-align: center;">Affidavit of Property Exempt from Execution (Iowa Code sections 626.50 and 642.15)</div> Small Claim No. _____

1. This is an Affidavit pursuant to Iowa Code sections 626.50 and 642.15 to inform the sheriff and creditors of income and property exempt from execution under Iowa law. **This filing is not an Answer or motion in this proceeding.**

2. The following are my(our) only sources of monthly income and are exempt from execution (check all that apply):

- | | |
|--|----------|
| <input type="checkbox"/> Social Security | \$ _____ |
| <input type="checkbox"/> Supplementary Security Income (SSI) | \$ _____ |
| <input type="checkbox"/> Veterans benefits | \$ _____ |
| <input type="checkbox"/> Alimony, support, or separate maintenance | \$ _____ |
| <input type="checkbox"/> Other (any other source of income) | \$ _____ |
| <input type="checkbox"/> Employment* | \$ _____ |

*Under Iowa law, disposable earnings are exempt if less than \$290/week, \$580/every 2 weeks, or \$1,257/month.

3. I (We) have \$ _____ in cash, checking, and savings. This money is deposits from the sources listed above. If there are deposits from others sources, they total \$1000 or less:

4. I (We) own the following property, which is exempt from execution (check all that apply):

- ☐ Homestead;
- ☐ Clothing, suitcases, musical instruments, and household goods and furnishings with a total value of \$7,000 or less;
- ☐ Books, family Bibles, pictures, portraits, and paintings with a total value of \$1000 or less;
- ☐ Burial plots;
- ☐ One shotgun and either one rifle or one musket;
- ☐ Prescribed health aids;
- ☐ A motor vehicle (list year and make), _____, with equity of \$7,000 or less;
- ☐ Tools of trade or farm equipment, livestock, and feed with a total value of \$10,000 or less;
- ☐ Wedding or engagement rings with a total value of \$5,000 or less, or wedding or engagement rings received at least two years before the date of this Affidavit;
- ☐ Other jewelry with a total value of \$2,000 or less;

Affidavit of Property Exempt from Execution (*cont'd*)

- ☐ Cash value of life insurance of \$10,000 or less if spouse, child, or dependent is beneficiary;
- ☐ Rental deposits, utility deposits, or rent paid in advance of \$500 or less;
- ☐ Qualified retirement funds;
- ☐ Cash on hand, bank deposits, other deposits, and other personal property up to \$1,000.

5. I (We) will file this original document with the clerk of court and provide copies to:

- The Sheriff of _____ County.
- The other party(ies) or the attorney(s) of the other party(ies).

I (We) certify, under the penalty of perjury, that I (we) own all of the property listed on this Affidavit and, to the best of my (our) knowledge, it is an accurate listing of my (our) exempt property.

Date: _____

Date: _____

Defendant's signature

Defendant's signature

Printed name

Printed name

Mailing address

Mailing address

Phone #

Phone #

Email address

Email address

[Court Order May 7, 2012]

Form 3.22: *Application for Release and Satisfaction of Judgment.*

In the Iowa District Court for _____ County	
Plaintiff(s) _____ (Name) _____ (Name) <div style="text-align: center; padding: 5px;">vs.</div> Defendant(s) _____ (Name) _____ (Name)	Application for Release and Satisfaction of Judgment Small Claim No. _____

1. The judgment entered has been paid off or satisfied in full.
2. The judgment creditor has failed to file a release and satisfaction of that judgment.
3. Check **only one** of the following:
 - ☐ Applicant(s) has (have) requested in writing the release and satisfaction from the judgment creditor(s) and provided a draft release of the judgment to the last known address of the judgment creditor(s). Copies of those documents are attached, and applicant(s) request(s) imposition of the \$400 penalty pursuant to Iowa Code section 624.37; or,
 - ☐ Applicant(s) has (have) made reasonable efforts, without success, to contact the judgment creditor(s) to obtain the release and satisfaction.
4. Proof of payment of the judgment is attached.
5. The undersigned requests that the court enter an order stating the judgment is released and satisfied or in the alternative, set this matter for hearing.

Applicant's signature

Printed name

Mailing address

Phone #

Email address

Applicant's signature

Printed name

Mailing address

Phone #

Email address

[Court Order May 7, 2012]

Form 3.23: Release and Satisfaction of Judgment.

In The Iowa District Court for _____ County	
Plaintiff(s) _____ (Name) _____ (Name) <div style="text-align: center;">vs.</div> Defendant(s) _____ (Name) _____ (Name)	<div style="text-align: center;">Release and Satisfaction of Judgment</div> Small Claim No. _____

To Judgment Debtor(s):

I (We) knowingly and voluntarily state that the judgment in this matter has been paid off or satisfied in full, including interest and court costs, and I (we) release the Debtor(s) named above from any further obligation on the judgment in this matter.

Note: Failure to satisfy and release a judgment, when paid off or satisfied in full, could result in a penalty of \$400.00 if not filed within **30 days** of written request (Iowa Code section 624.37).

Date: _____

Judgment Creditor (must sign before a Notary)

Date: _____

Judgment Creditor (must sign before a Notary)**Certification of Acknowledgment** (Iowa Code section 624.37):

On this date, _____,
 appeared before me, acknowledged that signing this Release and Satisfaction of Judgment was a
 voluntary and knowing act, and signed the document before me.

Date: _____

Notary Public or Clerk of Court

[Court Order May 7, 2012]

Form 3.24 Reserved.**Form 3.25:** *Request for General Execution (Praeipie).*

In the Iowa District Court for _____ County	
Plaintiff(s) _____ (Name) _____ (Address) _____ (Name) _____ (Address) <div style="text-align: center; padding: 5px;">vs.</div> Defendant(s) _____ (Name) _____ (Address) _____ (Name) _____ (Address)	<div style="text-align: center; font-weight: bold; padding: 10px 0;"> Request for General Execution (Praeipie) (Iowa Code section 626.12) </div> Small Claim No. _____

To the Clerk of Court for _____ County: Please issue a writ of General Execution to the Sheriff of _____ County, Iowa, against (list name(s) of judgment debtor(s)) _____ for the balance owing on the judgment in this matter.

Date of Judgment _____
 Original amount of judgment \$ _____
 Original amount of court costs \$ _____
 Original amount of attorney fees \$ _____
 Interest accrued to (date) _____
 Interest rate per annum: _____ %
 Effective from (date) _____

Balance due on judgment \$ _____
 Balance due on court costs \$ _____
 Balance due on attorney fees \$ _____
 Amount of interest accrued \$ _____

Total amount due \$ _____
 Interest amount per diem \$ _____

I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding is true and correct.

Date: _____

 Judgment creditor's signature

 Printed name

 Mailing address

 Phone #

 Email address

[Court Order May 7, 2012]

Form 3.26: Notice of Appeal.

In the Iowa District Court for _____ County	
Plaintiff(s) _____ (Name) _____ (Name) <div style="text-align: center;">vs.</div> Defendant(s) _____ (Name) _____ (Name)	<div style="text-align: center;">Notice of Appeal</div> Small Claim No. _____

1. I (We) appeal to the district court from the judgment entered on the _____ day of _____, 20_____.

2. I (We) am (are) appealing this decision because: _____

☐ By checking this box, I (We) request an oral hearing. If my (our) request is granted, I (we) will receive a notice of hearing time and date.

Note: The appealing party(ies) must file this original form with the clerk of court, and the clerk will provide a copy to the other party(ies) or the attorney(s) of the other party(ies), if any.

 Appealing party's signature

 Printed name

 Mailing address

 Phone #

 Email address

 Appealing party's signature

 Printed name

 Mailing address

 Phone #

 Email address

Form 3.27: Verification of Account, Identification of Judgment Debtor, and Certificate Re Military Service.

In the Iowa District Court for _____ County	
Plaintiff(s) _____ (Name) _____ (Name) vs. Defendant(s) _____ (Name) _____ (Name)	Verification of Account, Identification of Judgment Debtor, and Certificate Re Military Service Small Claim No. _____

1. I, _____, am a party or an employee of Plaintiff(s) whose claim(s) is (are) shown in the attached statement(s). I have personal knowledge that the attached statement(s) is (are) a true copy of the original creditor's records showing the balance due is true and correct. I further state that the sum of \$_____ is the balance due and owing as of _____ from Defendant(s) to Plaintiff(s) and any interest amount owing is accurately stated in the Petition or Original Notice.

2. I further state that Defendant, _____, resides at _____, is employed at _____, and Defendant's occupation is _____.

3. I further state that Defendant, _____, resides at _____, is employed at _____, and Defendant's occupation is _____.

4. I also state Defendant(s) is (are) not in the Military Forces of the United States Government. I, or a fellow employee, verified this fact by (check one):

- ☐ Checking the Defense Manpower Data Center (DMDC),
<http://www.virec.research.va.gov/Non-VADDataSources/DMDC.htm>.
- ☐ Contacting Defendant(s) who informed me, or
- ☐ Regularly seeing Defendant(s) and believing Defendant(s) is (are) are not active in the U.S. military.

5. I also state to the best of my knowledge Defendant(s) is (are) not under any legal disability or confined in any reformatory, jail, or penitentiary.

I certify under penalty of perjury and pursuant to the laws of the State of Iowa that these facts are true and correct.

Date: _____

Signature of Affiant

Printed name

Mailing address

Phone #

Email address